

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90024 046 \*\*\*\*61.25

UBR327

**DOCUMENT # N02863**

1. Entity Name

**WHITFIELD ESTATES PRESBYTERIAN CHURCH, INC.**

Principal Place of Business

Mailing Address

7045 NORTH TAMiami TRAIL  
 SARASOTA FL 34243

7045 NORTH TAMiami TRAIL  
 SARASOTA FL 34243

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-0867199**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CANFIELD, ALLEN B.**  
**372 MONTGOMERY AVE**  
**SARASOTA FL 34243**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *Allen B. Canfield*

*2/21/02*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FORCE, REV. PAUL</b>	
STREET ADDRESS	<b>3819 LK BAYSHORE DR</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, DAVE</b>	
STREET ADDRESS	<b>3902 MOURNING DOVE DR</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34210</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BOND, GARY</b>	
STREET ADDRESS	<b>910.68TH.AVENUE.DRIVE.WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, PENNY</b>	
STREET ADDRESS	<b>3902MOURNING DOVE DR</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34210</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PIPER, BOB</b>	
STREET ADDRESS	<b>468 PARKVIEW DR</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FORCE, HELEN</b>	
STREET ADDRESS	<b>3819 LK BAYSHORE DR H 506</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARL, Rev. Stephen</b>	
STREET ADDRESS	<b>7045 North Tamiami Trail</b>	
CITY-ST-ZIP	<b>Sarasota, FL 34243</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephen R. Carl*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-27-02*

Date

Daytime Phone #

CR2E037 (9/01)